PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

108.15050

Patent and Tradematic Office, U.S. DEPARTMENT OF COMMERCE

CLAIMS AS FILED - PART I											····		
				(Column 1)		(Column 2)		SMALL ENTITY		^-	OTHER THAN SMALL ENTITY		
	TOTAL CLAIMS		24	24				RATE	FEE	OF	RATE	FEE	
	FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FEE		
	TOTAL CHARG	24 "	minus 20=		• 4		XS 9=		OR	1,0.0	72		
	NDEPENDENT	1 93 u	→ minus 3 ±				X43=	1.	7		-		
1	MULTIPLE DEPENDENT CLAIM PRESENT								+	OR		 	
	If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR			
	CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	JOR	,	842	
_	(Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
NO.	Total	19	Minus	- 20	7_	. 0		X\$ 9=		OR	X\$18+	· ·	
A	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	IPLE DEPENDENT				X43=		OR	X86=		
					<u> </u>			+145=		OR	+290=		
								TOTAL DDIT, FEE		OR	TOTAL	-	
 _	(Column 1) (Column 2) (Column 3)										ODII. I CE		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	••		•	ı	X\$ 9=		OR	X\$18=	•	
AME	Independent FIRST PRESE	NTATION OF MI	Minus	endent C		<u>-</u>	f	X43= ·	•	OR	X86=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
										OR.	TOTAL DOTT, FEE	:	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C	,	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	RY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	**		-		X\$ 9=	•	OR	X\$18=		
AME	Independent		Minus			6		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR			
- 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								-	OR L	+290=	·	
***	i the "Highest Nur If the "Highest Nur		TOTAL OIT. FEE	أيبيون والمتاني		TOTAL DOT. FEEL							
:		per Previously Paid	(100E OF)	·· uopendent) (is the M	ignest number i	ound	in the app	opriate bas	in colur	nn 1. 🔍		
FORM	PTO-875 (Rev. 10)	030						ad Tandaia					